

SERFF Tracking Number:	LHLI-125801155	State:	Arkansas
Filing Company:	Lincoln Heritage Life Insurance Company	State Tracking Number:	40145
Company Tracking Number:	AUTH08AARRH		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Authorization for Payment and COnditional Receipt		
Project Name/Number:	AUTH08-A/		

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Authorization for Payment and COnditional Receipt SERFF Tr Num: LHLI-125801155 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 40145

Sub-TOI: L08.000 Life - Other

Co Tr Num: AUTH08AARRH

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Cathy Patterson, Wanda

Disposition Date: 09/09/2008

McNeece, Sally Roudebush,

Rodney Hartwig

Date Submitted: 09/03/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AUTH08-A

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/09/2008

State Status Changed: 09/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please See Cover Letter

Company and Contact

Filing Contact Information

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Rodney Hartwig, rodney.hartwig@londen-insurance.com
4343 E Camelback Rd (800) 433-8181 [Phone]
Phoenix, AZ 85018 (602) 808-8845[FAX]

Filing Company Information

Lincoln Heritage Life Insurance Company	CoCode: 65927	State of Domicile: Illinois
4343 East Camelback Road	Group Code:	Company Type: Life and Health
Phoenix, AZ 85018	Group Name:	State ID Number:
(800) 433-8181 ext. [Phone]	FEIN Number: 04-2314290	

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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: 1 Form x \$20.00 = \$20.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$20.00	09/03/2008	22258876

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/09/2008	09/09/2008

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<i>Project Name/Number:</i>	<i>AUTH08-A/</i>		

Disposition

Disposition Date: 09/09/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	Authorization for Payment		Yes

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Form Schedule

Lead Form Number: AUTH08-A

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AUTH08-A	Other	Authorization for Payment	Initial		41	Auth08-A.pdf

Insured's Name _____ Policy Number _____

- ☐ Savings
PAC – Bank Draft
- ☐ Checking
PAC – Bank Draft

Bank drafting will be requested on the day of each month as indicated on the original application for insurance.

Include a voided check from the account to be drafted only for zero CWA checking drafts, or if account to be drafted is different from the CWA check.

AUTHORITY TO HONOR CHECKS DRAWN BY AND PAYABLE TO LINCOLN HERITAGE LIFE INSURANCE COMPANY

Financial Institution _____

Address _____ City _____ State _____

Telephone Number () _____ Date Information Verified ____ / ____ / ____

Account # _____ Date Account Opened ____ / ____ / ____

Routing Number for Electronic Drafts _____

Name of Employee Verifying Information _____

As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of Lincoln Heritage Life Insurance Company

I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of insurance.

I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier.

Signature of Account Holder _____ Date _____

Signature of Joint Account Holder _____ Date _____

- ☐ Direct Bill

Premium notices will be mailed 2 – 3 weeks before the due date.

I would like to have premium notices mailed to me in the frequency indicated on the original application for insurance.

I understand that I will not receive the discounted premium rate for bank drafting (PAC). Please mail premium notices to the Payor's name and address as indicated on the original application for insurance.

Signature of Payor _____ Date _____

Upon receipt of a check for the initial premium payment Lincoln Heritage reserves the right to convert your check into an electronic payment and will be reflected on your account as an ACH transaction. By doing so, funds may be debited from your account on the same day the payment is received. Your original check will not be returned. If you do not wish for your check to be processed electronically please contact our offices at 800-438-7180.

Indemnification Agreement – TO: The Financial Institution named above

"In consideration of your compliance with the authorization of the depositor named above, we agree to indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from execution from any check, draft or order, whether or not genuine, purporting to be drawn by the Lincoln Heritage Life Insurance Company to its own order and received by you in the regular course of business, and to defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing request, or in any manner arising by reason of your participation in the foregoing plan of premium collection."

AUTH08-A

Authorized by a resolution adopted by the Board of Directors of the Lincoln Heritage Life Insurance Company.

CONDITIONAL RECEIPT COVERAGE – LINCOLN HERITAGE LIFE INSURANCE COMPANY

Void if altered, or if check or draft given in payment is not honored.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY – DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK

Received from _____ \$ _____ Being the initial premium, and the application bearing the date of this receipt, for the Company's _____ Plan of insurance. This receipt is executed subject to the following terms and conditions:

Any insurance issued from the application for which this receipt is given, will take effect **for life insurance**: (A) On the date of the application, or (B) The date of the requested medical information, if it is required, as long as (1) The application has been completely filled out including all required signatures. (2) The proposed insured's health represents a risk acceptable to the Company at the rate and in the amount stated in the application, (3) The first premium is paid with the application, and (4) Any premium in excess of the equivalent of \$100,000 coverage will not be accepted; **for Medicare supplement insurance**: (A) On the Policy Effective Date shown on the Policy Schedule, or (B) The date of the requested medical information, if it is required, as long as (1) The application has been completely filled out including all required signatures. (2) The proposed insured's health represents a risk acceptable to the Company at the rate and in the amount stated in the application, and (3) The first premium is paid with the application.

Coverage under any policy not issued as applied for or in an amount in excess of the aforementioned maximum, will not be in effect until said policy has been delivered during the lifetime of the insured and accepted by the applicant-owner.

Except as provided above, no coverage will take effect and the liability of the Company is limited to a refund of any amount paid

Agent's Signature _____ Agent's Code _____ Date _____

Upon receipt of a check for the initial premium payment Lincoln Heritage reserves the right to convert your check into an electronic payment and will be reflected on your account as an ACH transaction. By doing so, funds may be debited from your account on the same day the payment is received. Your original check will not be returned. If you do not wish for your check to be processed electronically please contact our offices at 800-438-7180.

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

09/03/2008

Comments:

Attachment:

CERT OF FLESCH AUTH08-A.pdf

Review Status:

Bypassed -Name: Application

09/03/2008

Bypass Reason: N/A

Comments:

Review Status:

Satisfied -Name: Cover Letter

09/03/2008

Comments:

Attachment:

AUTH08-A AR Cover.pdf

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 41 on the Flesch reading ease test.
- (2) Except for specification pages, schedules, and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s): AUTH08-A – Reinstatement Application for Life Insurance

LINCOLN HERITAGE LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read 'R. Hartwig', is written over a solid horizontal line.

Rodney Hartwig, Compliance Associate

September 3, 2008



Lincoln Heritage
LIFE INSURANCE COMPANY

September 3, 2008

Arkansas Insurance Department
Life Policy Review Section
1200 W 3rd Street
Little Rock AR 72201-1904

Re: Lincoln Heritage Life Insurance Company, NAIC #65927
Form AUTH08-A – Payment Authorization and Conditional Receipt
Flesch Readability Certification
\$ 20.00 Filing Fee
Domicile – Illinois Filed on August 28, 2008

Dear Sir or Madam:

We submit form AUTH08-A for your review and approval. This payment authorization and conditional receipt is for general use with our applications for life and health insurance. We developed this multi-use form for checking and savings bank drafts and direct billing options.

This is a new form and will replace form AUTH08 which was approved on August 29, 2008. We have realized that the statement regarding processing the applicant's first payment check electronically was not properly revised on the top authorization portion of the Form. We have corrected this wording and submit a revised version for your review. Please note that we have revised the form number as well by adding -A to the previous form number.

The authorization is a one-page form and the completed original will be imaged for our records. The conditional receipt at the bottom of the form will be left with the applicant at the time an application is signed.

To the best of my knowledge, information and belief, this form is in compliance with the provisions of the insurance laws, rules and regulations of your state and does not contain any controversial, unusual or previously disapproved provisions.

If you have any questions or require any further information concerning this filing, please do not hesitate to contact me at 1-800-433-8181 or you can e-mail me at rodney.hartwig@london-insurance.com.

Sincerely,

Rodney Hartwig
Compliance Associate
Lincoln Heritage Life Insurance Company

Our Business is You

4343 East Camelback Road
Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Toll Free (800) 433-8181
Direct (602) 957-1650
Fax (602) 840-9726